Local Outbreak Management Plan for Portsmouth

Version 12

June 2022

DOCUMENT MANAGEMENT

The plan will be maintained by Portsmouth City Council Public Health Team.

The plan will be reviewed at the conclusion of a major outbreak or as and when required and will be shared with multi-agency partners as and when requested.

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12.0	22nd June 2022	Refresh to new context	Kelly Nash and Helen Atkinson (DPH)

List of acronyms

CCG	Clinical Commissioning Group
PCC	Portsmouth City Council
LA	Local Authority
UTLA	Upper Tier Local Authority
FT	Financial Trust
PHE	Public Health England
LRF	Local Resilience Forum
SCG	Strategic Coordinating Group
NPI	Non-Pharmaceutical Interventions
SOP	Standard Operating Procedure
CCDC	Consultant in Communicable Disease Control
EPRR	Emergency Preparedness, Resilience & Response
DPH	Director of Public Health
HIOW	Hampshire and Isle of Wight
MTU	Mobile Testing Units
OCT	Outbreak Control Team
RCG	Recovery Coordinating Group
LOEB	Local Outbreak Engagement Board
MPU	Mobile Processing Unit
UKHSA	UK Health Security Agency

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FOREWORD

In the Autumn, the Government published an update to the Contain framework
https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks following Step 4 of the roadmap to set out how national, regional and local partners should continue to work with each other, the public, businesses, institutions, and other local system partners in their communities to prevent, manage and contain outbreaks of COVID-19. Local Authorities and their local system partners continue to be an integral part of the response to COVID-19, working closely with the UK Health Security Agency local Health Protection Teams and the DHSC wider regional partnership teams. The updated Contain Framework sets out:

- the roles and responsibilities of LAs and local system partners, and those of regional and national teams, as well as the decision-making and incident response structures
- the core components of the COVID-19 response across the spectrum of outbreak prevention and management
- the requirements of LAs on the continued COVID-19 response, as well as how this should be factored into Local Outbreak Management Plans (LOMPs)
- the support LAs can expect from regional and national teams

The emphasis has now moved towards an approach of living safely with Covid and other respiratory infections, and setting out the actions that can be taken to help reduce the risk of catching COVID-19 and passing it on to others. These actions will also help to reduce the spread of other respiratory infections, such as flu, which can spread easily and may cause serious illness in some people. The approach focuses on:

1. Vaccination
2. Ventilation
3. Practicing good hygiene, including hand washing and cleaning surroundings
4. Wearing a face covering or a face mask especially in crowded and enclosed spaces.

Full guidance is attached at Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk) .

As more of the population is vaccinated, levels of immunity in the population rise and prevalence declines, we expect to increasingly be dealing with localised outbreaks. Therefore, our plan has been refreshed to reflect the revised Contain Framework and Living with Covid approach, and to reflect learning from exercises and incidents, good practice that we have developed in dealing with the pandemic over the last two years, and to remain aligned with the overall national response as it evolves along with the roadmap.

DHSC have advised that a further Contingency Framework will be produced later in the year, and we expect to make a further revision when this is published.

SECTION ONE: CONTEXT

1.1 About Portsmouth

Portsmouth is a compact city covering 40 square kilometres—75% of the population lives on Portsea Island. The city continues to be the most densely populated local authority area outside London (5,315 people per square kilometre in Portsmouth).

In 2020, approximately 214,700 people are estimated to be resident in Portsmouth - the annual population estimate has been broadly similar since 2017. As at 1st April 2021, nearly 230,100 people were registered with Portsmouth City GP Practices—although the vast majority are resident to Portsmouth, not all registered patients live in Portsmouth and the Portsdown Group GP practice has one of its surgeries (Crookhorn surgery) located outside of Portsmouth, which increases the registered population (see map below).
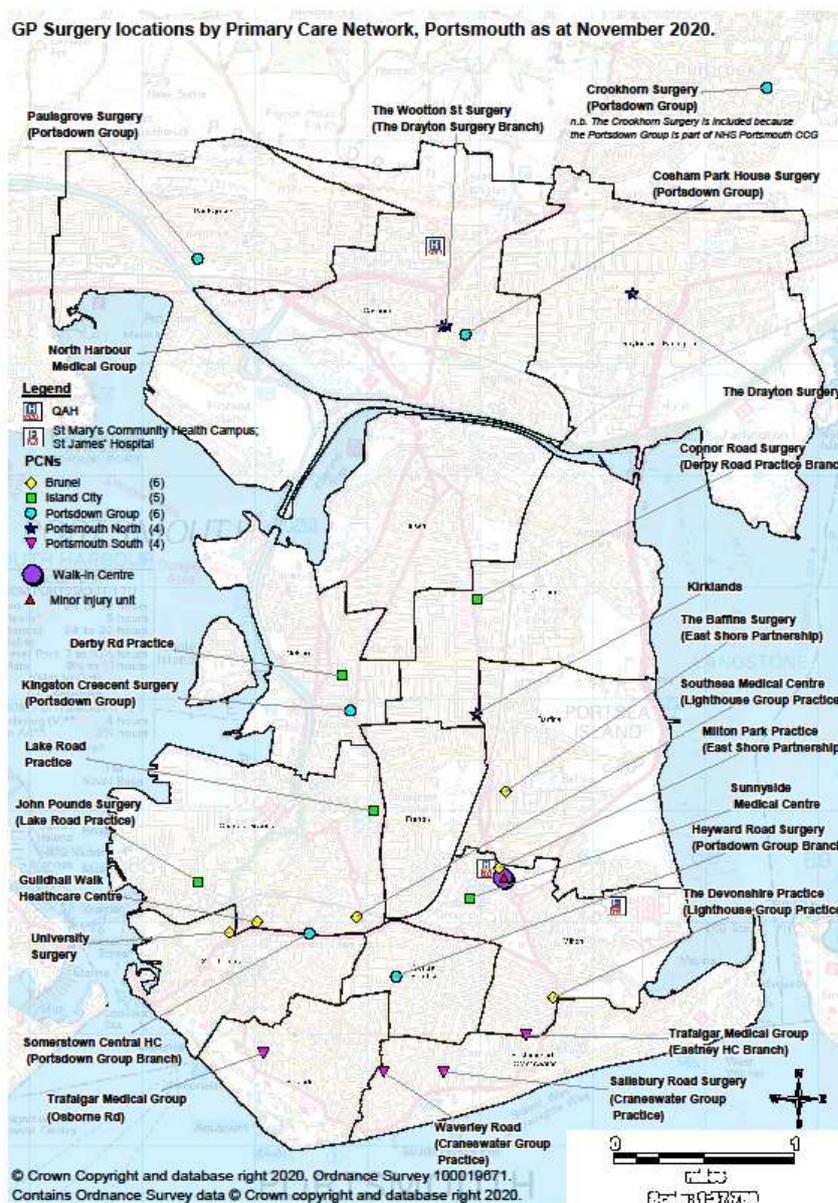

Fig 1: Health and Care facilities in Portsmouth

The workday population at the time of the 2011 census was 217,960 (ie either in employment in Portsmouth, or not in employment but living in Portsmouth). The workplace population at the time of the 2011 census was 109,456 (residents aged 16 to 74 years in employment in Portsmouth a week before the census).

Portsmouth has a comparatively high proportion of young people aged 20-24 years, compared to England, largely due to the city's University and colleges (11.3% of Portsmouth's total population compared with 6.1% nationally). In 2020, approximately 140,800 people aged 18-64 years are estimated to be resident in Portsmouth; and approximately 30,600 residents aged 65 years and over (of which approximately 4,300 are aged 85 years and over).

At the time of the 2011 Census, Portsmouth had a lower percentage of residents from Black and minority ethnic (BAME) communities (people identifying with an ethnicity other than White English/Welsh/Scottish/Northern Irish/British) compared to England (16% compared to 20%). However, 32,800 residents make Portsmouth a diverse multi-ethnic community. All BAME groups (except Mixed) have a larger proportion of their group of working age than the White British group.

According to the 2019 Index of Multiple Deprivation, Portsmouth is ranked 59th out of 326 lower tier local authorities (where 1 is the most deprived). For overall deprivation, 15 of Portsmouth's 125 small areas (12%) are within the most deprived 10% of small areas in England - and of these, half (8) are in Charles Dickens ward. The rest are in Paulsgrove (3), Nelson (2), Fratton and St Thomas (1). Nearly half of the city is in the most deprived quintile nationally on measures of overcrowding.

The Hampshire and Isle of Wight Covid-19 Vulnerability Indices were developed to support the local authority in its response to Covid-19. They identify neighbourhoods at greatest risk across three domains: higher risk of experiencing severe outcomes from contracting Covid-19; increased risk of contracting Covid-19 through living and working conditions; and increased risk of experiencing negative impacts from Covid-related policies e.g. lockdown. Each domain uses a range of indicators based on evidence of increased risk of vulnerability to Covid-19.

1.2 Impact of Covid-19 in Portsmouth

The data below provide a snapshot of the Impact of Covid-19 in Portsmouth as on 31st March 2022.

Cases

Up to 31st March 2022, Portsmouth has now had 68,201 people with at least one positive Covid-19 test result (either lab-confirmed or lateral flow device) since the first confirmed city case on 9th March 2020. Cases in the third wave peaked on 1st January 2022 at an average of 599 cases each day over the previous 7 days, driven by the more transmissible Omicron variant. This was nearly three times the height of the second wave which peaked on 11th January 2021 with an average of 210 cases each day over the previous 7 days. Rates fell during February before rising again with the emergence of Omicron BA.2. While recorded rates peaked on 19th March at just over half the rates recorded earlier in the year, ONS Infection Survey data estimated that prevalence of Covid was at the highest levels seen throughout the pandemic. Since then recorded rates have fallen steadily though changes in testing policy have made it harder to maintain a consistent picture.

Comparisons between waves remain difficult due to the significant changes in testing regimes. The roll-out of the vaccination programme, targeted initially at older and more vulnerable cohorts, significantly changed the age profile of cases in wave 3 and reduced the link between cases and severe

outcomes, while testing rates increased in wave 3 meaning more asymptomatic cases were identified. The levels of Covid seen during the Omicron wave have led to significant pressure on healthcare systems despite the lower severity with the current variant and levels of antibodies in the population. Covid related admissions to Portsmouth Hospitals NHS Trust peaked in early April 2022 at around 75% of the levels seen in January 2021.

Deaths

Portsmouth Hospitals NHS Trust recorded its first Covid-19 death on 14th March. Since then, up to the 31st March 2022, there have been a total of 455 Covid-19 related deaths in Portsmouth within 28 days of positive test. Nearly two thirds (63%) of these occurred during the second wave (between October 2020 and March 2021), with 80 deaths (22%) in wave 1 and 88 deaths (19%) since 1st July 2021. Significantly lower mortality in the third wave demonstrates the success of the vaccination programme as well as the lower severity of Delta and Omicron variants to those that preceded them.

The total number of deaths each week in Portsmouth was significantly higher than in an average week during the peaks of wave 1 and wave 2. These excess deaths were mostly Covid-19 related. Despite the very high prevalence of Covid-19, deaths in most weeks in 2022 have so far been below the weekly average in previous years before the pandemic.

Wave 1 deaths analysis

Analysis of deaths in Portsmouth between 1st March and 31st August 2020 in which Covid-19 was mentioned on the death certificate ('Wave 1 Covid-19 deaths') shows the following:
- Portsmouth had a relatively lower rate of Covid-19 mentioned deaths compared to England and other local authorities
- 99% deaths were in hospital or care homes
- Covid-19 was the underlying cause in 92% of deaths in which Covid-19 was mentioned
- Portsmouth **males had a statistically significantly higher Covid-19 mortality rate than females** both aged 75+ and under 75 years during March to August 2020 (see fig1 below)
- Covid-19 was the leading cause of death for males of all ages, while dementia remained the leading cause of death for females

Wave 2 and Wave 3 deaths analysis will be added when completed.

1.3 Our learning so far

As a local system, we have learnt much since the pandemic started, and have developed some strong practice locally. We were given the opportunity to share this with colleagues from the Cabinet Office in January 2021, and some particular areas of strength were noted:

- our intelligence led - work, linked to the modelling cell of the LRF;
- the strong joint approach of the LRF across the system, which has extended across all areas of the response, including testing and vaccination;
- local working with the homelessness cohort, including vaccination through an outreach model;
- building effective models for regulation and enforcement locally - joint working with the police in the area has been outstanding;
- linking effectively with the University to share knowledge and expertise to ensure the safe return of students to the city;

- strategic work with our local voluntary and community sector (VCS) through the HIVE, to ensure a range of support to some of our most vulnerable residents.

It is important to note that in all of the areas where we have been able to demonstrate real strength and effectiveness due to the mature partnership arrangements that exist across many of the agencies in the city, and which have developed through many years of collaborative working.

SECTION TWO: COMMUNITY RESPONSE AND SUPPORT

2.1 Testing

Government funded testing for COVID-19 ended on 31st March 2022, including both lateral flow device (LFD) and polymerase chain reaction (PCR) testing. Home LFD test kits can be bought from local chemists if residents want to continue testing.

Responding to the COVID-19 pandemic required an effective, proactive programme of testing, contact tracing, and self-isolation to break chains of infection. The aims of this programme were:
- To find people who have the virus, trace their contacts and ensure both self-isolate to prevent onward spread;
- Surveillance, including identification for vaccine-evasive disease and new strains;
- To investigate and manage outbreaks;
- To enable safer re-opening of the economy.

Pillar 1
Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting.

Pillar 2 - ceased March 2022
Pillar 2 testing for symptomatic residents ceased on 31st March 2022. It was formerly delivered via:
- Regional Testing Site at Southampton Airport
- Mobile Testing Units deployed in various locations around the county for a few days at a time
- Local Testing Site on Commercial Road (old Sainsbury's site) Portsmouth
- Home PCR test kits

Pillar 3 (Antibody Testing) - ceased March 2022
Antibody tests are used to detect antibodies to the COVID-19 virus to see if an individual previously had the virus. The Government provided laboratory-based tests in the first phase of the programme to NHS and care staff.   This ended in March 2022.
The Office for National Statistics continues to model data on percentages of the population that are estimated to have antibodies against SARS-CoV-2, the specific virus that causes coronavirus (COVID-19).

NHS Test and Trace-issued Lateral Flow Device tests can still be reported at
https://www.gov.uk/report-covid19-result

Outbreak testing
At the point of notification, UKHSA may request testing of symptomatic (and sometimes asymptomatic) individuals where appropriate, to inform outbreak management in various settings, including care homes, prisons and hostels. Details are expected to be outlined in the forthcoming government Contingency Framework for Living with Covid.

For the most up to date testing regimes, including clinical governance arrangements, see:

Changes to testing for COVID-19 - NHS (www.nhs.uk)
COVID-19 testing in adult social care - GOV.UK (www.gov.uk)
C1633_symptomatic-and-asymptomatic-staff-testing-april-2022.pdf (england.nhs.uk)

Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK (www.gov.uk)

HIOW Testing Arrangements
Since all government testing ceased at the end of March 2022 the Pan Hampshire Health Protection Collaborative Forum (PHHPCF) continues to maintain clinical governance and oversight of arrangements for testing in the HIOW LRF area.

2.2 Contact tracing

NHS Test and Trace formally ended on 24th February 2022. The NHS Test and Trace service ensured that anyone who developed symptoms of COVID-19 could test rapidly to find out if they had the virus and isolate accordingly. It also traced recent close contacts of anyone who tested positive for COVID-19 and, if necessary, informed close contacts to self-isolate to stop the spread of the virus.

The forthcoming national Contingency Framework Plans may include plans for standing up contact tracing again in the event of further outbreaks.

2.3 Self-isolation support

From 28th September 2020, Government changed the legislation so that certain people would be required to self-isolate. Until February 2022, a package of measures was introduced to ensure that those who are required to self-isolate, did so, and that those on a low income received a payment to assist their finances and to encourage compliance with the legislation.

Two payment schemes were administered by the local authority as follows:

- The **Test and Trace Support Payments Scheme** (the **Standard Scheme)** for those eligible applicants who are in receipt of Housing Benefit, Pension Credit, Income support, income-based jobseeker's Allowance, income-related Employment and Support Allowance, Working Tax Credit or Universal Credit (the qualifying benefits); and
- The **Test and Trace Discretionary Payments Scheme** (the **Discretionary Scheme)** for those applicants who are **not** in receipt of any of the qualifying benefits but who are on a low income and will face financial hardship as a result of not being able to work while they are self-isolating.

When NHS Test and Trace formally ended in February 2022, outstanding applications were honoured until the end of March.

As part of NHS Test and Trace's Self-Isolation Support Framework, a Local Authority Practical Support Fund (LAPSF) was additionally made available to allow LAs to design and deliver bespoke interventions to support their local communities to self-isolate successfully when instructed to do so. Portsmouth City Council employed a Self-Isolation Support Officer who was able to make assessments of financial need and deliver support to cases and close contacts who were struggling with self-isolation, either from a financial point of view, or for any other reason (eg mental health, access to food/medicines). This support also ended in February 2022.

The forthcoming national Contingency Framework Plans may include plans for standing up self-isolation requirements again in the event of further outbreaks.

Portsmouth COVID Support Service

Between February and May 2022, Portsmouth City Council ran a COVID Support Service. The service aimed to maintain the public health and wellbeing support offered while contact tracing, especially for the most vulnerable and Covid-anxious residents. After May, the service phone line and email will continue to be monitored to field ongoing queries from residents unaware of the service having been discontinued. Long-term, information and support will be provided entirely through the PCC website and City Helpdesk.

Additional community support

There is a range of information support for residents highlighted on the council website at Coronavirus (COVID-19) - Portsmouth City Council

One of the key vehicles for supporting residents was through the strategic partnership with the HIVE, the body which brings together the voluntary and community sector in the city and has been instrumental in much of the city response to the most vulnerable.

The HIVE were able to send a volunteer to visit potentially more vulnerable residents aged 70 or over if they came through to the Local Contact Tracing Service having tested positive for COVID-19. This partnership work helped establish the support needs of residents whose whereabouts might otherwise have remained unknown.

2.4 Shielding

During any national pause on shielding advice, the Local Authority will remain responsible for maintaining a contingency plan to stand up support to those identified as CEV. In the event of a major outbreak or identification of a Variant of Concern (VOC) Variant under Investigation (VUI) that poses a significant threat to individuals on the Shielded Patient List (SPL), re-introduction of shielding can occur by agreement of Ministers. If agreed, shielding notifications would be issued by post to all people on the SPL in an affected area.

SECTION THREE: LOCAL OUTBREAK MANAGEMENT

3.1 Definition of an Outbreak

A cluster refers to 2 or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case. An 'outbreak' is defined by two or more people having the same disease, symptoms, or excretion of the same pathogens in which there is also an association of time, place and/or contact between them. Responding to outbreaks is the core business of UKHSA SE and therefore an outbreak is not necessarily an emergency but may require urgent action from multi-agency partners to prevent or manage risk to protect health. Covid-19 has been added to the list of notifiable diseases in the revised Health Protection (Notification) Regulations 2020.

Plan Triggers

As part of standard Winter Planning, the Portsmouth Outbreak Plan will be triggered when there are suspected or confirmed COVID-19 outbreaks in any setting type. In partnership with UKHSA SE, the Director of Public Health at Portsmouth City Council will gather intelligence on COVID-19 outbreaks via the national Test and Trace service, laboratory results, and local partner intelligence about suspected outbreaks. UKHSA will initially conduct the risk assessment with the setting. UKHSA will also provide infection control advice and organise testing as appropriate, following internal SOPs that are being developed for responding to COVID-19 cases and outbreaks in specific setting types. Local Authorities will provide support to the outbreak setting and additional capacity for contact tracing, as needed.

Outbreak Control Team (OCT)

In the event of an identified outbreak and in line with UKHSA SE SOP - 'UKHSA-LA Joint Management of COVID-19 Outbreaks in the SE of England' (Appendix A), UKHSA will convene a multiagency Outbreak Control Team (OCT) meeting to coordinate the partner response. There are well established processes in place for convening OCTs and mobilising responses to outbreaks, as detailed in the health protection plans. For many settings the response to outbreaks is well practiced. Where an OCT does need to be convened, this will follow the process described in the UKHSA SE SOP - UKHSA-LA Joint Management of COVID-19 Outbreaks in the SE of England (Annexe A to this plan). The DPH can request that an OCT is convened.

3.2 High risk settings

The objective is to closely monitor any cases of COVID-19 linked to high-risk settings ensuring that any outbreaks are managed quickly and efficiently.

National evidence indicates that certain groups are at higher risk of contracting COVID-19 and of more serious illness, hospitalisation, and death as a result. In particular, those unvaccinated, those over 70 years and those with long-term health conditions including obesity. In addition, those working in certain occupations are at greater risk of contracting COVID-19: those in caring professions including care homes and drivers. Those not registered with primary care are also at increased risk, such as homeless populations and Gypsy, Roma and Traveller groups.

Specific plans for preventing infection and transmission in high-risk groups and settings via targeted vaccination and testing are outlined in the relevant Testing and Vaccination sections of this document. This section addresses how cases and outbreaks would be managed in places and settings where

transmission risk is heightened, paying particular attention to those settings attended by vulnerable groups.

For the purposes of this document, a high-risk place, location or community is defined as any area or group in which people consistently come into close contact (<2 metres) for over 15 minutes, and where spread of COVID-19 is therefore more likely.

This could include, but is not limited to:

- Care Homes
- Children's Homes
- Houses of multiple occupancy (HMOs)
- Homeless accommodation for families
- Supported accommodation (including sheltered housing, supported living, and those receiving domestic care)
- Naval or other military accommodation
- Faith settings (such as churches or mosques)
- University accommodation (such as Halls of Residence or shared flats)
- Respite care or day centre settings
- Community Centres
- Saunas
- Food production sites (e.g., factories)
- Key transport hubs (e.g., The Hard, International Ferry Port)
- Tourist attractions (e.g., Spinnaker Tower, Clarence Pier)

Guidance for homeless groups, including those with substance misuse needs can be found in Annex F.

In addition to the heightened risk of spread, these settings may also support vulnerable people, more susceptible to contracting the virus, and more likely to have serious illness as a result.

Portsmouth city council has produced infection prevention and control advice for high-risk settings:

Infection control
high risk settings su

There are a range of detailed procedures for dealing with a number of high-risks settings, scenarios and cohorts set out in annexes:

Annex B: Care Homes

Annex C: Schools and Education settings

Annex D: Portsmouth University Hospital Trust

Annex E: Solent NHS Trust

Annex F: Homelessness settings

Annex G: Gypsy, Roma, Travellers and Van dwellers

Annex H: Supported Living

Annex I: Events

Annex J: UK Port of Entry

Between June and October 2020 Tabletop exercises were carried out by Health Protection Board members on all our high-risk settings above, see embedded report below.

PCC HPB Scenario
Test Report v1.docx

3.3 Action on enduring transmission (with reference to 'Public Health System for COVID-19: Public Health Strategic Priorities for NIHP, TTC and PHE').

Government has adopted a viral suppression rather than elimination strategy, and the prioritisation of policies reflects this overarching position. Whilst much of this Outbreak Plan has an operational focus, it recognises the need to explicitly identify and mitigate the direct and indirect impact of COVID-19 on inequalities across the COVID-19 policy response.

Whilst the impact of COVID-19 has been felt across society, it has disproportionately impacted particular population groups – people living in more deprived areas, black and minority ethnic groups, carers, those in low paid jobs, and the elderly.[1] Furthermore, people have been affected by COVID-19 in different ways across the life-course, ranging from loss of education and learning among children and young people, to job insecurity and income loss among working age adults, to higher rates of morbidity and mortality among the elderly. Across all stages of life, people in more socio-economically vulnerable groups have been hardest hit.[2]

Strategic actions on enduring transmission are :

1. **Viral transmission**, reducing incidence and prevalence to manageable levels, and strengthening public cooperation.
    a. Non-pharmaceutical interventions
    b. Outbreak investigation, contact tracing, and testing
    c. Consistent strategic communications
2. **Vaccination and virology,** including delivery, surveillance, and development, and viral genomics.
3. **Inequalities and socioeconomic harm**
4. **Continuous improvement and learning** through research, development, and evaluation

Working with NHS partners to ensure the offer of vaccination reaches population groups which are at higher risk of exposure or severe illness is a key strand of local action to tackle enduring transmission. Encouraging vaccination uptake (within section 4.1) gives specific details on the groups being considered as part of this work.

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[1] https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes
[2] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

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SECTION FOUR: LIVING WITH COVID

4.1 Vaccination

Overview of the national NHS Covid Vaccination Programme

The COVID Vaccination Programme is led by the NHS with Portsmouth being part of the Hampshire, Isle of Wight programme. A successful vaccination programme will protect people from serious illness and help us all return to a more normal life. Deployment of the national programme is set out in the UK COVID-19 vaccines delivery plan in four key parts; supply, prioritisation, places and people.

There are three vaccines currently being deployed in England, the Pfizer/BioNTech vaccine, the Oxford/AstraZeneca vaccine and the Moderna vaccine. These have been assessed as being safe and effective by the Medicines Healthcare Regulatory Agency. Further vaccines are in the development pipeline.

The Joint Committee on Vaccination and Immunisation (JCVI) advised the priority groups for Phase 1 of the COVID-19 vaccination programme should aim to prevent COVID-19 deaths and maintain health and social care systems. Phase 1 comprised nine nationally defined cohorts, listed below. Further definitions of these groups are detailed in the Green Book chapter on COVID-19 vaccines.

Cohort	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in a clinical at-risk group
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

Based on recommendations from the JCVI, Phase 2 of the programme aimed to achieve protection for the population and continued to roll out based on age in the following order:
• all those aged 40 to 49 years
• all those aged 30 to 39 years
• all those aged 18 to 29 years

More recently, the JCVI has made further recommendations and the roll out has continued with:
• 16 and 17 year olds

- 12–15 year olds
- 5-11 years olds
- A third dose has also been offered to individuals who are immunosuppressed as part of their primary vaccination course
- Booster programmes - 3rd doses for all those aged 16+years and a 4th dose for those aged 75+ years

Vaccination sites in Portsmouth

Community Vaccination Centre:
- Hamble House, St James's Hospital, Portsmouth

Appointments are accessible via the National Booking System (see below).

Community Pharmacy sites:
- Laly's Pharmacy, Guildhall Walk, Portsmouth
- Goldchem, Albert Road, Southsea

Appointments are accessible via the National Booking System (see below)

Primary Care Network (GP) sites:
- Eastney Health Centre, Portsmouth
- Cosham Health Centre, Portsmouth
- Kingston Crescent Surgery, Portsmouth
- Lake Road Health Centre, Portsmouth
- Southsea Medical Centre, Portsmouth

Appointments can be made via the practice where a patient is registered. There is one vaccination site per group of GP practices (a Primary Care Network).

Hospital Hub:
- Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust, Portsmouth.
  Hospital hub sites are not publicly accessible and in phase 1 of the programme focused on providing vaccinations for health and social care workers.

These sites have been accessible using a range of routes. Either via the National Booking System, booking direct with GP sites, as well as via walk-in offers. These sites will be flexed up and down through the summer of 2022 as required.

A number of pop clinics have also been provided across the city to support uptake of the vaccine in areas where this has been low. These will continue throughout the summer, alongside a number of wellbeing events.

At the time when a cohort defined in the national programme has been reached through the national roll out, eligible individuals have been invited to come forward. GP practices have been able to invite their registered patient lists in line with the eligible priority groups.

To make an appointment, the National Booking System is accessible:
- Online at www.nhs.uk/covid-vaccination
- By phoning 119 free of charge, between 7am and 11pm seven days a week

Primary Care Networks have continued to offer vaccinations to care home staff and residents (cohort 1). Primary Care Networks also continue to offer vaccinations to housebound individuals and other inclusion health groups e.g. people experiencing homelessness and people seeking asylum.

Following vaccination, all suspected adverse reactions should be reported through the Coronavirus Yellow Card reporting site. Reports can be made by members of the public or healthcare professionals and is the same system which is used to enable surveillance of adverse effects for all medicinal products.

HIOW Governance Arrangements

The Governance arrangements for the NHS HIOW Covid Vaccination Programme are described in the schema in figure 1. The HIOW Strategic Vaccination Board oversees the deployment of the HIOW NHS Covid Vaccination Programme. The Strategic Vaccination Board reports into regional NHS vaccination structures as well as Hampshire Isle of Wight Local Resilience Forum mechanisms. The System Vaccination Operational Cell (SVOC) co-ordinates the day to day delivery of the programme. The purpose of the HIOW Covid Vaccination Programme Equalities Group is to contribute to the deployment of the vaccination programme and optimise uptake for the population and all groups within it.
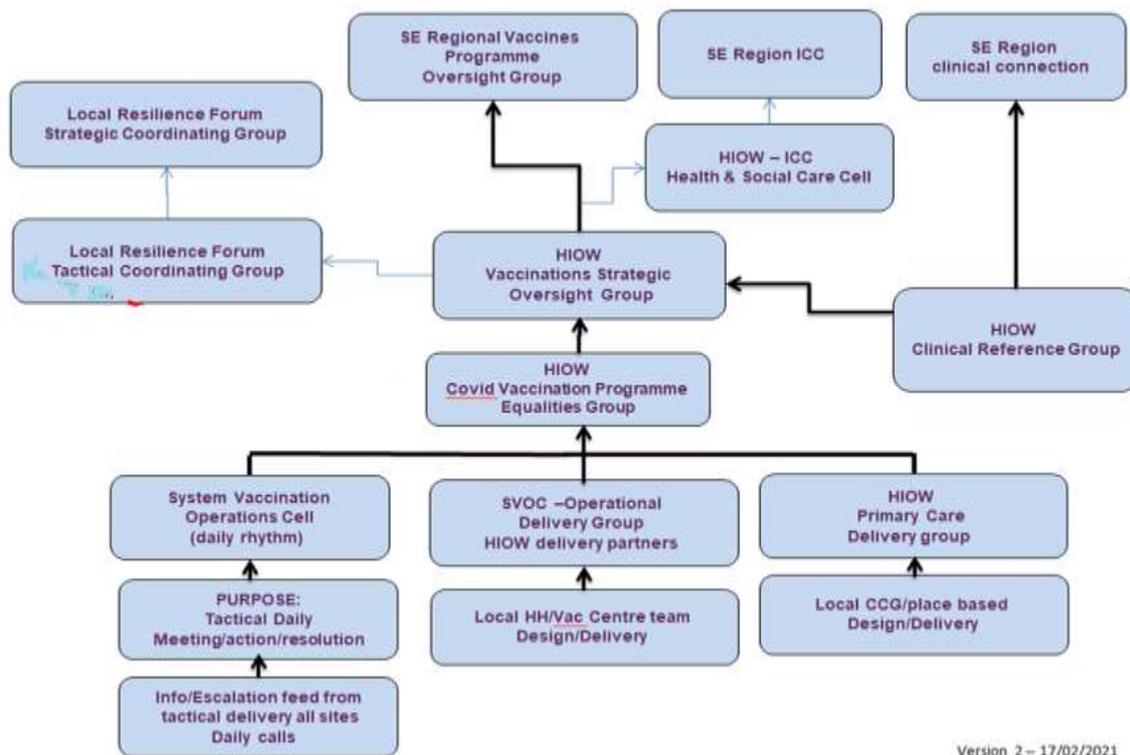
Figure 9. Governance structure NHS HIOW Covid Vaccination Programme

Portsmouth Governance Arrangements

The Portsmouth Local Vaccination Group has been stood down, but is able to be stood back up as required and member continue to feed into the HIOW Equalities Group, which has been established and continues to bring together local delivery partners to give a local view of how the COVID-19 vaccination programme is working. This group has members from NHS Portsmouth Clinical Commissioning Group, Solent NHS Trust and Portsmouth City Council. A Vaccine Confidence Steering Group has also been established to guide local work on the communications and community engagement aspects of vaccine uptake locally and continues to meet.

Encouraging vaccine uptake

For the vaccination programme to be an effective control measure, effective vaccines are crucial, but high uptake is also needed. Uptake can be affected my many factors, including an individual's decision on whether to take up the offer of vaccination, as well as the offer of vaccination needing to be accessible which may differ upon the needs of groups within our local population. Nationally there is commitment to ensuring all communities are protected through vaccination as set out in the National Vaccine Uptake Plan. This national approach is underpinned by four enablers at national, regional and local level: working in partnership, removing barriers to access, data and information, conversations and engagement.

There are two main strands to this work linked into the HIOW governance arrangements to bring a consistent approach but also with work locally to progress arrangements. This work is informed by a population approach to provide an understanding of the demographics and characteristics of our local population, and by vaccination uptake data available from the National Immunisation Management System and accessible by authorised users through Foundry.

The HIOW COVID Vaccination Programme Equalities Group is working to identify and consider how needs of specific population groups are being met or whether tailored provision is needed to facilitate access, underpinned by an Equalities Impact Assessment. Communities, populations and settings being considered as part of this work are listed below along with locally defined access route to vaccination.

- o Individuals who are street homeless or living in homeless hostels
    - o Portsmouth City Council in partnership with Brunel Primary Care Network and Hampshire Fire and Rescue Service provided vaccination to rough sleepers and hostel residents as an outreach programme. This is ongoing.
- o Individuals with a Learning Disability either independently or in a supported living setting
    - o Primary Care Networks are visiting supported living settings
    - o Individuals living in community settings can access appointments via the National Booking System and through their GP. If further assistance is required the Solent NHS Trust Integrated Learning Disability Service can be contacted to facilitate arrangements.
- o Individuals with serious mental illness in an inpatient setting or living in the community
    - o Primary Care Networks are visiting inpatient settings
    - o Solent Mind are supporting individuals living in the community
- o Individuals in substance misuse treatment or residential detox
    - o Pop up clinic led by community vaccination provider. Ongoing.
- o Individuals known to the sex worker clinics
    - o Pop up clinic led by community vaccination provider
- o Unpaid carers
    - o Assessments made by Portsmouth Carer's Centre to assist identification
- o Military personnel

- - Route via MOD link with community vaccination provider operating St James's Hospital site
  - Black and Minority Ethnic groups where there is lower uptake of vaccination
    - Bespoke pop up clinics led by Solent NHS Trust and PCNs delivered in mosque settings and other key community settings
  - Individuals living in probation, and prison settings (relevant to Portsmouth residents though not all of these settings are in the city boundary - HIOW vaccination programme making arrangements)
  - Individuals living in areas of deprivation and geographical areas where there is lower uptake of vaccination
    - Bespoke clinics led by Solent NHS Trust continue across the city in key locations e.g. Cascades shopping centre, Cosham Fire Stn
    - Live Well event in community room within high rise flats in Somerstown run to encourage wider conversations as well deliver vaccinations - further events planned
  - Refugees, asylum seekers and undocumented migrants
    - Bespoke clinics organised at the emergency hotel by Solent NHS Trust and Trafalgar Medical Group
    - A bespoke clinic led by Brunel Primary Care Network and working with a range of community and voluntary sector organisations which support these groups
  - Individuals living in refuges
  - Gypsy, Roma, Traveller communities (there are currently no fixed sites in the Portsmouth area although temporary sites may be more likely in the summer months for which a link with Solent NHS Trust was in place should there be an opportunity to reach this group)

To create attractive vaccination offers suited to demographic cohorts where there was opportunity to improve uptake, led by Solent NHS Trust, pop up clinics took place at Portsmouth Football Club (to improve reach to men) and at Victorious Festival, Mr Miyagi's bar, Eden nightclub and Highbury College, (to encourage uptake in younger adults).

Asymptomatic testing offers have been embedded into the vaccination offers and pathways particularly in pop up offers and community vaccination centre.

In Portsmouth, and linking into HIOW work, communications and community engagement a range of work to encourage vaccine uptake has taken place (and is on-going). This has included a range of webinars and educational outreach to reach specific communities and settings, local campaign work specifically to reach younger adults, establishing a Community Champions programme and utilising specialist marketing to reach specific communities. Tailored communications have also been delivered to individuals with a learning disability, including easy-read materials as well as a virtual tour of the community vaccination centre.

Continuing and future areas of work

As the next phases of the NHS led COVID-19 vaccination programme are defined nationally, local work will continue to support implementation. This will include continued support to increase take up of the evergreen offer for individuals who have not yet come forward, roll out of any further booster, uptake of second doses and a continued focus on proactive planning to ensure continued focus on monitoring and addressing inequalities in uptake.

4.2 Compliance and enforcement

The Government's objective in its current phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

Living with and managing the virus therefore focuses upon communicating safer behaviours that the public can follow to manage risk. The Government has therefore entirely moved away from deploying regulations and requirements in England and has replaced all specific interventions for COVID-19 with public health measures and guidance. The Government has therefore removed all domestic restrictions and updated its guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people.

4.3 The role of non-pharmaceutical interventions

The Autumn & Winter Plan (Sept 2021) makes clear that pharmaceutical interventions - including vaccination, antivirals and disease modifying therapeutics are now central to the national response, but there remains a clear place for non-pharmaceutical interventions in helping people to protect themselves and others, even following the removal of national restrictions in early 2022. These include:

- Letting fresh air in if meeting indoors
- Wearing a face covering
- Getting tested and self-isolating if required
- Trying to stay at home if feeling unwell
- Washing hands with soap and water or using hand sanitiser regularly throughout the day

Even though national restrictions have ended the emphasis on non-pharmaceutical interventions the above prevention measures will help reduce community and household transmission.

SECTION FIVE: DATA AND INTELLIGENCE

There are five core data objectives underpinning our approach

- Testing (symptomatic, asymptomatic, optimising capacity, adapting the offer to target hard to reach groups, targeted community testing and testing in education settings, care homes etc.
- Vaccinations: providing information and analysis to support local plans to tackle disparities in update and ensure uptake of second doses and boosters.
- Contact tracing: enhanced contact tracing
- Outbreak Investigation and Rapid Response (OIRR)
- Surveillance: use of data from a range of sources including ONS Infection Survey, case data, UKHSA briefings) to understand potential risks and sharing intelligence with key stakeholders.

In the current phase the focus is on monitoring and surveillance, with additional work when required on vaccinations. The objectives around data and intelligence will be reviewed when further national guidance is available.

LRF-wide work

- Public Health analyst teams across HIOW have worked collectively across the LRF throughout the response to Covid-19 to deliver intelligence products efficiently through sharing resources and avoiding duplication of effort. This included the HIOW LRF Covid-19 Surveillance Compendium, which distilled key Covid-19 intelligence into one place and provided an overview of the impact of Covid-19 across the LRF system, with data also presented at more local geographies where appropriate and possible. This joint work could be stood up again if and when required.
- The HIOW LRF Modelling Cell have successfully used a public health approach to model the spread of Covid-19 infection across the HIOW population. This modelling work has fed directly into the LRF Response and Recovery structure to support decision making by providing a range of scenarios based on the best available epidemiological evidence. During periods of rapid change and high pressure, the model has been adapted to provide local health and care systems with nowcasting of potential trajectories for key demand metrics e.g. Covid-19 related hospital admissions. The modelling work continues as part of the surveillance approach and will inform planning for future waves as and when evidence of risk emerges.

Portsmouth-specific work

- The suite of data and intelligence products including those described above and additional local analysis of the UKHSA line-listing data and a range of other sources are used within Portsmouth to provide decision-makers with the key data and intelligence context at the start of meetings including PCC Gold, Health Protection Board, Local Outbreak Engagement Board and the PCC Care Home Support meeting. As these meetings reduce in frequency or come to an end, the data produced will adjust accordingly.
- Data and Intelligence is presented when required to key engagement forums including Elected Members and other stakeholders, through the council's [website](#) (until 31st March 2022 when this was stopped due to changes in national testing and reporting) and used to support Communications work led by the council. This remains important as part of enabling the public to make informed choices about risk as we learn to live with Covid-19.

- Detailed data and intelligence has been provided to support specific strands of work including development and delivery of the Local Contact Tracing Service; vaccinations (e.g. take up and targeting of hard to reach groups); and asymptomatic testing.
- Strong partnership work around data with key local sectors including the University, to support effective outbreak management and surveillance, will be built on as the Living with Covid phase continues.

Data to support surveillance and vaccination work continues to be available. Data on testing has reduced in line with the change in testing policy and enhanced contact tracing data is no longer available.

How we use the data

The data that is available is reviewed regularly to identify potential emerging issues and risks. These will be raised via local Outbreak Management Team (Public Health team), through the appropriate sector, or with the UKHSA Health Protection Team where appropriate.

Resource implications

The resource capabilities and capacity implications for partners involved in this work stream is dependent on determining the precise requirements of the end users at Portsmouth and HIOW level.

Links to additional information:

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

SECTION SIX: COMMUNICATIONS AND ENGAGEMENT

Context

Since the first iteration of the Local Outbreak Control plan published in June 2020, the scope of marketing, communications and engagement activity has broadened. As well as ensuring that residents, businesses and key audiences are aware of local outbreak control measures and can act quickly when an outbreak happens, there has also been a need to complement national marketing and communications materials with localised campaigns covering not only protect health actions but also the emerging need to encourage uptake of the COVID-19 vaccine.

Developing a local approach

Three waves of [local resident research](#) and national monitoring between July 2020 and December 2021 suggested that trust in messaging coming from central government and regional and national media was lower than information being shared by the local authority, the NHS and police.

Considering these findings, a localised coronavirus prevention campaign was developed - Protect Portsmouth. This has been developed in recent months with additional straplines of 'COVID's not over' and 'Stay Safe, Stay Well' complementing the Protect Portsmouth branding.

Work will continue to be shaped by research and evaluation of previous campaigns to ensure that the area continues to develop clear and accessible communication.

Aims and objectives

The overarching aim of this activity is to slow the spread of coronavirus in Portsmouth and to keep key groups informed of the role they play in doing that. Specific aims include:

- to ensure that residents understand the actions they need to take to slow the spread of coronavirus, including:
  - recognising the symptoms of coronavirus
  - knowing how and when to be tested
  - knowing how and when to self-isolate
  - abiding by the restrictions in place at any one time.
- to ensure continued compliance in following guidance on social distancing and hygiene to reduce the risk of an outbreak.
- to ensure that settings outlined in this document are confident in what they need to do if they have an outbreak and to support them to effectively communicate with their stakeholders.
- to provide reassurance to the city that an effective local multi-agency plan is in operation to monitor and minimise the infection rate of COVID-19 in Portsmouth
- to highlight good practice to provide reassurance that enforcement measures are in place.
- to ensure community cohesion and to provide social proof that others are abiding by the guidance.

Audiences and messaging

This campaign has a range of audiences, and activity targeted at each audience uses the most relevant channels to reach those groups. This hierarchy sets out the unifying messages of the campaign.

Proposition	Every action counts				
Key support	Together, we have the power to protect ourselves, our families, our community and our economy				
Behaviours encouraged	Social distancing	Wash your hands	Cover your face	Symptoms? Test, isolate	Shop safely
	Travel safely	Stay home	Seek support	Be kind to others	Reduce your risks
Call to action	Protect Portsmouth				

SECTION SEVEN: GOVERNANCE

7.1 Key structures

Portsmouth COVID-19 Health Protection Board

The Portsmouth COVID-19 Health Protection Board (HPB) is chaired by the Director of Public Health and brings together senior professional leads from agencies across Portsmouth including the Police, Navy, University and health and care system. The HPB reports into the Health and Wellbeing Board. The primary roles of the HPB are to lead the ongoing development and operational implementation of the Local Outbreak Control Plan, work with the relevant LRF Cells (i.e., Pan Hampshire Health Protection Collaborative Forum and the LRF Modelling Cell), and to make recommendations to relevant agencies on effective local outbreak management. Full Terms of Reference and membership are at **Annex K.** These are to be further reviewed in the coming months as the Board evolves to take a wider health protection role.

HIOW LRF

The HIOIW Local Resilience Forum (HIOW LRF) will support local health protection arrangements working with HPB's and LOEB directly through the Strategic Co-ordinating Group (SCG), Tactical Co-ordinating Group (TCG), and the following Cells as appropriate when we are in a major incident response:

- Pan Hampshire Health Protection Collaborative Forum (PHHPCF) and the Strategic Testing Operations Cell (STOC), Communications Research and Insight Group (reports to the Recovery Communications Cell).
- Modelling Cell and the Recovery Intelligence Cell
- Health and Social Care Cell

The LRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak or increasing infection rates. We have now come out of the LRF major incident response and put in place appropriate governance which enables us to continue to be able to respond to the pandemic with partners.

Supporting plans

Plan	Owned by
Internal	
PCC Pandemic Flu Plan	EPRR Team
PCC Joint Emergency Response Plan	EPRR Team
Directorate Business Continuity Plans	Directors
Service Level Business Continuity Plans	Head of Service
External	
HIOW LRF Warning & Informing Plan	HIOW LRF
HIOW & TV LRF Pandemic Flu Plan	HIOW & TV LRF
HIOW & TV Emergency Response Arrangements	HIOW & TV LRF
HIOW Public Health SOP for Health Protection Incidents	UKHSA
Health Protection (Notifications) Regulations 2010	Legislation
Health Protection (Notifications) Regulations 2020	Legislation
Coronavirus Act 2020	Legislation
Joint HIOW Communications with PHE HPT and the Local Authority Public Health (LAPH)	Multi-Agency
UKHSA: Communicable Disease Outbreak Management Operational Guidance	UKHSA
Public Health Leadership, Multi-Agency Capability: Guiding Principles for Effective Management of COVID-19 at a Local Level	Multi-Agency

7.2 Roles & Responsibilities

UK Health Security Agency Southeast (UKHSA SE) - UKHSE SE will discharge its statutory duty by receiving the notification of outbreaks (directly or through testing data/ local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local Standard Operating Procedures (SOP). In line with statutory duties PCC/UKHSA SE will follow up with settings as a shared responsibility with the partner agencies (including but not limited to) the HIOW Integrated Care Board (ICB) to fulfil their statutory duties for safeguarding and protecting the health of their population.

UKHSA are responsible for protecting the health of the population and providing an integrated approach to protecting the public health through close working with the NHS, Local Authority, emergency services and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
1. The health system has a shared responsibility for the management of outbreaks of Covid-19 in Portsmouth.
2. Infection control support for each setting will be provided in line with local arrangements.
3. Under the Care Act 2014, Local Authorities are responsible to safeguard adults in their area. The provision of support and personal care to meet the needs arising from illness, disability or old age is the responsibility of the Local Authority.
4. Under the Health and Social Care Act 2012, Directors of Public Health (DsPH) in Upper Tier and Unitary Authorities have a duty to prepare for and lead the Local Authority Public Health response to incidents that present a threat to the public's health.
5. Under the Health and Social Care Act 2012, ICB's have a responsibility to provide services to reasonably meet the health needs and power to provide services for prevention, diagnosis and treatment of illness.
6. Medical Practitioners have a statutory duty to notify suspected and confirmed cases of notifiable disease to UKHSA, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. UKHSA SE will also work with Local Authorities on communication to specific settings to ensure that notification of outbreaks occurs in a timely fashion.

Local Authority Public Health - Directors of Public Health at the upper tier local authority level and working with UKHSA local health protection teams, are responsible for building on existing health protection plans to measure, identify, contain outbreaks and protect the public's health. Local Directors of Public Health will be responsible for defining these measures and advising the Covid-19 Health Protection Boards.

Local Authority Regulatory Services (including Port Health and Environmental Health) -
Regulatory Services consisting of the Port Health Authority / Environmental Health Business Support Team is responsible for; food safety and the control of infectious diseases at Portsmouth International Port Border Control Post (BCP); enforcing food safety in approximately 2,000 food businesses; and the control of infectious diseases inland in the Portsmouth city area. This service will be asked to assist with the provision of resources during a suspected outbreak if deemed necessary to contain the spread of a virus in a given location.

Local Authority Adult Social Care - Adult Social Care and Adult Mental Health services manage critical complex infrastructures which will require swift responses and ongoing supervision.

Local Authority Children, Families and Education service - Children's Services are key to highlighting outbreaks in both educational setting and those settings which house vulnerable children.

Local Authority Communications - Both internal and external communications during and post a suspected outbreak are critical to ensure both HPB and LOEB are fulfilling their duties.

Local Authority Culture & Leisure - Ongoing management of public open spaces and leisure facilities is critical to enable the population of Portsmouth adhere to social distancing rules during this ongoing response phase. The LA Culture and Leisure teams will be asked to co-ordinate with relevant multi-agency partners responses to any areas highlighted as a public concern.

Solent NHS Trust - Our NHS organisations across the city will be working in partnership with the LA to ensure that all parties are working together to reduce the spread of infection into Care/Nursing Homes and the wider community. Each have their own Outbreak Plans and nominated IPC leads. Early warning of potential threats will be escalated via the HPB and assessed in terms of escalation requirements.

Solent NHS Trust are commissioned to provide infection prevention and control advice and support to Primary Care and Care Homes in Portsmouth via Portsmouth CCG.

Solent NHS Trust are represented on the local Health Protection Board.

Portsmouth Hospitals University NHS Trust - Our NHS organisations across the city will be working in partnership with the LA to ensure that all parties are working together to reduce the spread of infection into Care Homes and the wider community. Each have their own Outbreak Plans and nominated IPC leads. Early warning of potential threats will be escalated via the HPB and assessed in terms of escalation requirements. Portsmouth Hospitals University NHS Trust is represented on the local Health Protection Board.

Infection Prevention Control - The Director of Quality and Safeguarding is a critical post in NHS commissioning services to ensure IPC standards are commissioned, delivered and assured. The DQS sits on the Portsmouth Health Protection Board.

UKHSA CCDC - The UKHSA SE Consultant in Communicable Disease Control has a role of validation of potential threats to the population based on received intelligence from PHE. The role of the CCDC is to advise the relevant DPH.

Voluntary Sector - Volunteers and VCSE organisations will be vital in the efforts to support our most vulnerable residents with ongoing support during potential isolation periods and ongoing support for those discharged from NHS services back to their home. The HIVE has a crucial role in Portsmouth to bring the VCSE and volunteers together in the joint effort to support our residents and communities.

Local Authority Housing - Residents will need to receive ongoing communications in relation to localised outbreaks, especially those living in complex settings, example high rise dwellings and the homeless hostels/hotels where proximity to neighbours is potentially a risk.

Central Government - Central government is responsible for giving the necessary powers, clear guidance and adequate resources to the public agencies for them to undertake their duties. Central government is also responsible for the efficacy and capacity of the national test and trace system.

SECTION EIGHT: RESOURCES

Financial Governance Framework

The Financial Governance Framework has been updated to reflect the changes and developments in the funding and operational arrangements.

Objective

To set out the financial operational and government framework in support of the development and implementation of the Local Outbreak Control Plan for Portsmouth and the use of the related grant funding to support the delivery of local outbreak response.

Context

The following grants have been provided to Local Authorities to support local authorities in the mitigation against and management of local outbreaks of Covid-19:

- LOCAL AUTHORITY COVID-19 TEST AND TRACE SERVICE SUPPORT GRANT DETERMINATION 2020/21
- LOCAL AUTHORITY COVID-19 TEST AND TRACE CONTAIN OUTBREAK MANAGEMENT FUND SURGE FUNDING GRANT DETERMINATION 2020/21

There is no time limit on the use of the grants, but it is ring-fenced to supporting local outbreak prevention and control.

Governance Arrangements

Legitimate expenditure against the grants can be authorised or incurred by the Director of Public Health, as the local leader for the Outbreak Control Plan (or the delegated Public Health Consultant in the DPH's absence). It is expected that expenditure will be incurred in line with actions set out in the Local Outbreak Plan or agreed at the Health Protection Board. All proposed expenditure must be accompanied by a clear outbreak control rationale, making clear that the expenditure is lawfully incurred in relation to the mitigation against and management of local outbreaks in Portsmouth, and linking to the relevant action/decision notice of the Health Protection Board; and signed off by the Director of Public Health. No expenditure is to be incurred against the grant without the expressed approval of the DPH. If expenditure is incurred without this approval, this is at risk.

Only costs incurred over, and above business as usual expenditure will reimbursed through the grant funding. Any Directorate or partner receiving funding from the Grant will need to comply with any reporting requirements.

Operational Arrangements

Public Health have set up specific cost centres to record spend incurred against this grant. Spend is expected to flow in relation to approved schemes and all schemes are to be agreed in advance in writing with the DPH. To remain flexible, the funds will be allocated across three areas:

- emergency plans
- other initiatives
- track and trace.

Emergency plans

Emergency plans will be reviewed with relevant PCC process owners and maximum of £25,000 can be incurred without further approval by the DPH. The Director of Public Health will maintain a list of the approval emergency plans and the relevant process owners.

The points below summarise the key financial elements of the operational approach for the emergency plans:

- Pre-approval of the plan is intended to allow the process owner flexibility to act with no further authorisation should an event occur that required the emergency plan to be enacted; if no event occurs, no spend will be incurred and Public Health will not accept any cross charge of costs
- The process owner will need to fund spend from their own budget in the first instance, up to the maximum agreed
- When the emergency is dealt with, any costs incurred because of the emergency can be transferred to Public Health, up to the maximum agreed, (the process owner will need to provide auditable supporting documentation for the additional spend as part of the transfer process)

Other initiatives

Other initiatives will require approval in advance. The process owner will need to complete a template explaining the initiative, the funding required and how it meets the conditions of the grant. The Director of Public Health with review the request and if approved, funds will be allocated from the grant to cover spend when it occurs (up to the maximum agreed). The points below summarise the key financial elements of the operational approach for the emergency plans:

- Requests must be approved in advance of spend taking place
- Initiatives may, as part of the approval process, be given timescales within which to complete the initiative and reclaim all monies, up to the maximum agreed
- The process owner may choose to fund spend from their own budget in the first instance, up to the maximum agreed, to facilitate implementation
- On a regular basis (ideally monthly, but at least quarterly) the additional costs incurred because of the initiative can be transferred to Public Health, up to the maximum agreed, (the process owner will need to provide auditable supporting documentation for the expenditure as part of the transfer process)

Non-pharmaceutical interventions

Non-pharmaceutical activities under the direction of the DPH will also be funded from the grant. These costs will flow directly to the public health cost centre, and it will be the responsibility of the Public Health team, as the process owners, to provide all auditable supporting documentation for spend and to ensure spend remains within agreed limits.
For awareness, any remaining funds will be allocated to the Health, Wellbeing & Social Care outbreak control agenda, subject to approval from the Director of Public Health.

Budget Monitoring & Reporting

On a monthly basis, a summary of the total relevant grant funding allocated to the City Council, together with the current approved usage of the funding is reported to the Health Protection Board. Additionally, information shall be submitted as required to the Department of Health & Social Care in respect of the grant funding received and its usage by the City Council.

Future Funding & Responsibilities

Whilst it is expected that the City Council will continue have responsibilities in respect taking action to mitigate against and the management of local outbreaks of Covid-19, etc., it remains uncertain as to how long these responsibilities will remain in place and the level of future funding available to support them.

The Health Protection Board will continue to be updated, as both the financial support available, and the responsibilities and duties of the City Council in responding to the pandemic are further clarified and defined.

ANNEX A: SOP – UKHSA LA Joint Management of COVID-19 Outbreaks in the SE of England

This proposed Standard Operating Procedure (SOP) has been drafted initially by UKHSA SE as a framework for each Local Authority (LA) Director of Public Health to use. This provides a suggested framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID "outbreak" plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks. The SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Outbreaks will be notified directly, as well as through testing data and through local intelligence.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- UKHSA may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.

- UKHSA will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak
- The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control.

- UKHSA will work collaboratively with LAs both proactively and reactively to ensure two-way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.

Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

PHESE PCC SOP
OUTBREAKS v2.docx

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mplateCOVID19OCT-I

ANNEX B - Care Homes

Objectives

The objectives are:

- to protect care home residents and staff from COVID-19
- to reduce and eliminate new cases of COVID-19 in care homes in Portsmouth.

Context

There are 39 CQC registered care homes in Portsmouth, with 1147 registered beds. These are mostly independent, single or small group homes.

There are also 23 domiciliary care providers across Portsmouth that deliver around 10,000 hours of care per week.

Portsmouth has an integrated health and care approach between Portsmouth City Council, NHS Portsmouth CCG, Solent NHS Trust, Portsmouth Primary Care Alliance and the local PHE Health Protection Team, which has ensured a timely response to initial care home outbreaks that have been followed through and supported, as well as provision of proactive support to providers; a coordinated urgent response to pull together health and social care resources to homes in difficulty; and a single place where issues can be escalated and resolved.

A package of measures has been provided to support care homes in Portsmouth, which have and will continue to be reviewed and adapted considering effectiveness, including:

1. **Provision of Personal Protective Equipment (PPE) supplies and Infection Prevention and Control (IPC) training**
   a. The integrated approach between Portsmouth City Council and NHS Portsmouth CCG has allowed us to work with health partners across a range of teams to minimise the spread of infection in homes through delivery of infection prevention and control training and ensuring that no care provider has had to do without essential PPE.
2. All 39 homes have been offered IPC and have received this training.
3. **Testing**
   a. Portsmouth Hospitals NHS Trust are responsible for all patients being tested on admission and discharge and this information is shared with homes.
   b. In addition, PCC are actively supporting homes in implementing the DHSC 'whole care home testing requirements', including sharing all the relevant advice and guidance with providers directly, providing training to take swabs and offering support to undertake the swabbing where this is necessary.
   c. PCC have encouraged care homes to report daily on the new national care homes data tracker - this information is reviewed daily and those reported amber, or red are contacted by a member of the team to identify any support needs they may have.

4. **The Portsmouth Adult Social Care Quality Board**
   The Adult Social Care Quality Board (DASS, DPH, Director of IPC and Quality (CCG), CCG testing lead and others) meets regularly to proactively prioritise support and testing for care homes, using data from PHE and the CQC care home tracker. All symptomatic residents and asymptomatic staff and residents are tested as part of this process.

5. **Enhanced healthcare offer**
   a. Our enhanced healthcare offer has been scaled up to ensure all care homes receive contact and support from the multi-disciplinary team (MDT) at least once a week.
   b. We have established additional capacity to enable a 14-day isolation period following hospital admission to make sure no home feels under pressure to manage this if they are no confident to do so.
   c. We have been able to rapidly deploy nursing, care, and other support staff to help with workforce shortages - PCC has worked closely with NHS partners locally and across HIOW to bring the social care and NHS support offer together to enable NHS staff and returners to be safely deployed into homes

       d.   The strategic partnership we enjoy with the voluntary sector through HIVE Portsmouth has also played a significant part in our support to the care sector. HIVE Portsmouth volunteers have supported the most vulnerable people and those shielding in the city through delivery of food, prescriptions and well-being checks, freeing up capacity within the care sector to focus on personal care. In addition, the HIVE has provided volunteers as required as part of the support offer to homes.

6.   **Wellbeing support and other resources offered**

An already comprehensive staff wellbeing offer has been adapted to ensure all staff working within the city have immediate access to appropriate support during these times of unprecedented stress and anxiety.

Local outbreak scenarios and triggers

PHE will carry out an initial risk assessment, which will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

The Portsmouth Care Home Support Group will lead the Portsmouth local authority and CCG response to any local outbreaks.

Resource capabilities and capacity implications

Staffing

- Ongoing IPC training and support for care homes with outbreaks
- Ongoing provision of PPE

Links to additional information

Adult Social Care guidance:

https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance

Apply for coronavirus tests for a care home:

https://www.gov.uk/apply-coronavirus-test-care-home

PHE Care Home COVID-19 Pack - Southeast England (Version 1.3 18th March 2020):

Resources are available to support care homes with issues including testing, sourcing PPE and capacity, and are set out in the resources document below.

Care home
resources.docx

ANNEX C - Schools and education settings

Objective:
The objective is to enable all educational settings in Portsmouth to open fully with minimal disruption and to identify and manage all cases of COVID-19 in schools.

Context:
In Portsmouth there are:
- 100 Childminders
- 90 Day nurseries/Sessional preschools/Nursery units of Independent Schools
- 47 Infant, Junior and Primary Schools
- 11 Secondary Schools
- 4 Special schools
- 4 Independent schools
- 2 Further Education Colleges
- 1 University

What's already in place
Most schools have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and pupils. As schools prepared for full reopening in both September 2020 and March 2021 specific COVID-19 risk assessments were undertaken and updated to implement national guidance on effective protective measures such as social distancing, enhanced cleaning, handwashing, ventilation, wearing of face coverings where appropriate, and the introduction of routine asymptomatic testing of staff and secondary aged pupils. They will have refreshed these risk assessments for start of the 2021-22 academic year, with the Department for Education's priority being for schools 'to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.' As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for 2 doses by mid-September.

The University equally has been operating a COVID-19 safe model throughout the pandemic and has specific comprehensive COVID-19 risk assessments and standard operating procedures in line with national guidance. Common national protective measures continue including additional precautions such as test to access, temperature monitoring, twice weekly a-symptomatic testing, agile working, blended learning delivery, etc.

Testing data is continuously reviewed to aid in the prevention of transmission. Staff and Students continue to be supported through the pandemic and several wellbeing processes and arrangements have been implemented.

Portsmouth City Council has a strong track record of partnership working across the education sector through the Portsmouth Education Partnership (PEP). The council has established a return to school core working group which brings together key education and council colleagues within Public Health and Education to enable schools and other education settings to operate as safely as possible. Schools have had clear guidance on the arrangements in the case of a confirmed or suspected case, with extensive support available from public health and education.

Local outbreak scenarios and triggers

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for a complex outbreak such as:

- there has been a death at the school/college
- there are many clinically vulnerable children
- there are a high number of cases (>5, or 10%)
- the outbreak has been ongoing despite usual control measures
- there are concerns on the safe running of the school
- there are other factors that require multi-agency coordination and decision making.

Links to additional information

- Schools COVID-19 operational guidance (updated 27 August 2021)

www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance

- PHE Southeast Educational Settings Outbreak Pack (26 August 2021)
- FAQs for Head Teachers (1 September 2021)
- DPH Letter to Head Teachers (1 September 2021)

PHESEEducationalSet
tingsOutbreakPackV0

FAQs for HTs 1 Sept
2021.docx

DPH Letter to Head
Teachers 01 09 2021.

ANNEX D - Portsmouth Hospitals University Trust

Objective
The objective is to continuously identify, isolate and monitor any suspected and confirmed cases of COVID-19 within Portsmouth Hospitals NHS Trust, both community-acquired cases and hospital-acquired cases to prevent onwards transmission to other patients, staff and visitors using on-site molecular SARS CoV-2 testing and following PHE (UKHSA from 1st October) guidance.

Context
Portsmouth Hospitals NHS Trust is a 1200 bedded acute hospital with tertiary referral renal and neonatal services. COVID19 admissions and discharges are monitored daily with a Trust dashboard updated daily.

What's already in place?
- All emergency admissions are tested for SARS CoV2 on an admission throat and nose swab and all urgent elective surgery admissions are advised to shield for 14 days prior to admission and are tested 48-72 hours prior to admission with advice to self-isolate from the time of the swab until admission into a COVID negative surgical pathway.
- The emergency department introduced rapid point-of-care testing on 8 February to facilitate patient admission to an appropriate clinical area and to prevent onwards transmission to other patients.
- Guidance for the safe movement of patients into and across the Trust has been produced and is under constant review and update
- The Trust is following the PHE Infection prevention and control advice with regards patient management, environmental cleaning and use of PPE
- Updated guidance available for all staff on the intranet plus regular updates from CEO via email. Daily silver and gold command meetings. All areas of the Trust have had Infection prevention training updates.
- Nosocomial infections are reviewed and reported daily with a daily outbreak meeting for wards dealing with 2 or more nosocomial infections.
- An IPC intelligence group was created in January to review the nosocomial cases, analyse causation, assess practice in terms of the 10 key actions and compare with best practice and
- PHE guidance reporting weekly to Trust Board.

What else will need to be put in place?
Improved ventilation for clinical areas which rely on natural ventilation through "life cycle" works

Local outbreak scenarios and triggers
Any case identified over 7 days from admission is defined as hospital-acquired and is investigated by the Infection Prevention team. Any clinical area which has two or more cases identified within a two week period is investigated as an outbreak.

Resource capabilities and capacity implications
Adequately staffed and resourced Infection prevention team and microbiology laboratory team. New build hospital with good availability of side rooms and modern environment in most clinical areas which facilitates thorough cleaning

ANNEX E - Solent NHS Trust

Objective

The objective is to closely monitor any cases of COVID-19 linked to exposure within Mental Health and Community Trusts, ensuring that any outbreaks are managed quickly and efficiently

Context

Solent NHS trust is a Community and Mental Health trust which is managed in the same way across the whole organisation and therefore all actions are in place across the whole trust.

What's already in place?

In the event of a COVID-19 outbreak, NHS organisations should continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks.

Solent NHS Trust - has a COVID-19 control command structure which includes operational, tactical and strategic command and control. In the event of a COVID-19 outbreak, Solent NHS Trust Has a process in place where Infection Prevention monitor and record any positive patients to assess if an outbreak is suspected. Once this has been confirmed they immediately follow the local guidance and notify the on-call director for escalation to the executive team. The Infection Prevention team also follow the current guidance for reporting immediately using the agreed procedure and templates.

What else will need to be put in place?

To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to Test and Trace and the impact on the service.

Solent NHS Trust - The new Test and Trace guidance for NHS organisations has meant that as part of the daily sitrep process staff absence is reported daily and any absence due to covid-19 (symptomatic or asymptomatic is reportable within the organisation to both occupational health and infection prevention. Out of hours the reports are emailed but the on call managers are also informed and this is escalated to the on call director if required.
Positive patients found or symptomatic patients awaiting results are also part of the situation reporting process each day and a record is kept by the infection prevention team.

Local outbreak scenarios and triggers

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Mental Health or Community Trust, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and local authority the need for an Outbreak Control Team (OCT).

Links to additional information

Solent NHS Trust – has information on outbreaks on their intranet site in the infection prevention area and also in the emergency zone. All on call staff are fully briefed on outbreak reporting

ANNEX F: Homelessness settings

Objective
- Prevent an outbreak of COVID-19 within the homeless community
- Closely monitor any cases of COVID-19 amongst the homeless community, ensuring that any outbreaks are managed quickly and efficiently
- To minimise the risks which might prevent a homeless person from complying with advice to socially isolate

Context
Homeless people can have a range of health and social issues that mean they are a vulnerable group, especially to COVID-19. Homeless people may sleep rough on the street, in a hostel or in another emergency accommodation setting. Due to the COVID-19 Pandemic, MHCLG asked local authorities to provide self-isolating accommodation for the homeless population. After initially housing homeless individuals in emergency hotel accommodation during the Spring & Summer 2020, plans have been implemented to provide medium term interim accommodation. These include accommodation blocks with either self-contained accommodation, or small shared flats

As well as being a vulnerable group, this group also has behaviours, such as substance misuse, which mean they may find it difficult to self-isolate when identified as a case or contact. Additional advice and support will be required by the individual, based on the setting in which they sleep and to the staff that work within the setting.

The definition of homeless people in this plan are those that are deemed as non-priority homeless, and that do not have:
- permanent accommodation which is self-contained or
- part of a shared household, or
- temporary accommodation because the council has accepted some legally prescribed duty to house

Substance Misuse and tobacco
A high proportion of homeless people have a dependency to drugs or alcohol and tobacco. There are an estimated 3,075 alcohol dependent persons and 1,541 heroin and crack cocaine users in Portsmouth. Having such a dependency means that there could be a very strong desire to seek out and consume the substance. There can be very strong physical and psychological withdrawal symptoms if someone suddenly stops taking a substance when dependent. In some cases, a sudden withdrawal, without medical supervision, can be dangerous and even potentially life threatening.

What's already in place?
- Provision of Personal Protective Equipment (PPE) supplies and Infection Prevention and Control (IPC) training.
- The homeless accommodation has support staff on site.
- Portsmouth City Public Health Team provide advice and support to the homeless accommodation settings on preventing an outbreak and how to respond in the event of a possible case. These settings will inform and work with the SE PHE Health Protection team in the event of a case.

- Portsmouth has an existing homeless healthcare team that is providing support and clinics to the homeless settings. This includes GP appointments, nurse clinics and a mental health nurse.

- Other health related teams are providing in reach support to these settings, including the Portsmouth Wellbeing Team (mainly smoking cessation, but also healthy weight and alcohol advice) and the Recovery Hub (substance misuse).
- Process and resources to provide rapid prescribing and delivery of Methadone or Espranor to opiate dependent people who are self-isolating.

Local outbreak scenarios and triggers

The local Health Protection Team will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for current emergency accommodation sites due to:

- The clinical vulnerability of the homeless population
- The need for a rapid response from housing managers, particularly as the homeless population are unlikely to have access to mobile phones for the Test and Trace App alert service
- Resistance to engage with services by some of the homeless population
- Resistance to advice to socially isolate

Scenarios for possible (symptomatic) and confirmed cases are covered within the *Homeless individuals including those with substance dependency issues* standard operating procedure.

Resource capabilities and capacity implications

- Staffing
- Training and support for homeless accommodation with outbreaks
- Ongoing provision of PPE and testing
- Provision of self-contained or alternative accommodation for non-compliant persons

Standard Operating Procedure including flow charts.

Homeless settings
outbreak SOP v.3.doc

ANNEX G: Gypsy, Roma, Travellers and Van dwellers

Objective
The objective is to closely prevent, monitor, protect and manage any cases of Covid-19 amongst the GRT community ensuring that any new cases and outbreaks are managed quickly and efficiently.

Context
It is estimated that there are around 10 GRT encampment visits to Portsmouth each year, which are more frequent in the warmer months. There are no formal GRT camp sites in the city, but where possible, facilities are provided to ensure sanitation and clean water supplies, while move on plans are being established.

What's already in place?
Whether or not travellers negotiate a stop with PCC, a welfare assessment is completed. To enable compliance with COVID-19 public health guidance on hygiene requirements, access to basic facilities is essential.   This has involved the provision of additional temporary water, sanitation and waste disposal facilities where encampments have taken place in sites currently lacking access to these.

A section 77 notice to leave the site may be issued if there are concerns about the encampment. In this case PCC liaise with the police to share concerns. Failure to leave the site leads to a court hearing to get a section 78 notice that gives the power for PCC to physically remove the encampment.

PCC do not currently have a designated site to allow travellers to self-isolate.
Any possibility of a COVID infection in an encampment is likely to raise publicity through social or mainstream media and any arising community tension will need to be managed by the police neighbourhood team, supported where necessary by PCC and community partners.

What else will need to be put in place?
PCC could consider offering emergency accommodation by referring through Housing Options for anyone living in a van or vehicle who needs to self-isolate and has no alternative place to stop. This would provide them with the facilities they will need during the pandemic.

As per government guidance, the Council may consider making alternative stopping places available, such as transit sites, suitable local authority land, and holiday campsites which may have closed and have established facilities. Any decision on this would need full discussion and member approval.

Possible mechanisms to ensure essential needs, such as access to food and medication are met and urgent referrals are made for help and support will be explored with the HIVE, who provide support to vulnerable people in the city.

Government guidance also outlines support for those leading a nomadic way of life should they need to self-isolate:

People who live on a traveller site, in a vehicle or on a canal boat may require additional support.

Let your site manager or local Gypsy and Traveller liaison team know if you need further support. If you are living on a river or canal, find out what advice is being offered by the organisation who manages the waterway you live on, as this varies for each one. Try to communicate by phone as much as possible to prevent spreading the virus to further contacts.

If you lack access to basic facilities such as water, sanitation and waste disposal to help with self-isolation, contact your local authority for assistance. They may be able to provide you with additional facilities or make alternative stopping places available.

The prevailing laws against unauthorised encampments or unauthorised development remain in place.
Waste should continue to be disposed of through authorised and legal means. Guidance for local authorities on re-opening or keeping household waste and recycling centres open is available. If you need further advice, contact your local authority.
If you are stopping or cruising in rural or isolated areas, take note of your location if you moor or pull up, especially if you are feeling unwell. You can also use the what3words app if there is a medical emergency and you need services to come to you.

Local outbreak scenarios and triggers
If there are two or more suspected or confirmed Covid-19 case within a GRT or Van dweller community the PHE Health Protection Team are contacted.
If multiple cases of Covid-19 (suspected or confirmed) occur in a GRT or Van dweller community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an IMT (Incident Management Team).

Resource capabilities and capacity implications
Extra cleaning for informal sites, which may include:
•   Portable toilets
•   Clean drinking water supply
•   Refuse collection

Costs arising from providing extra cleaning and hygiene facilities.
Cost arising from risk assessment process
Costs arising from practical support provided to meet essential needs and accommodation for those self-isolating.

Links to additional information
https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities

https://www.gypsy-traveller.org

ANNEX H: Sheltered Accommodation and Supported Living

Objective
The objective of this annex is to support residents and managers with guidance on the importance of social distancing, staying at home, self-isolation and maintaining clean environments within a Sheltered Accommodation or Supported Housing setting. It outlines the need to closely monitor cases of COVID-19 within sheltered accommodation and supported housing ensuring that any outbreaks are managed quickly and efficiently.

Context
Sheltered accommodation and supported housing aims to empower people to live independently, where and with whom they want, whilst getting the support they need. It usually comprises self-contained flats with communal facilities and schemes tend to be open to the over 55sSupport is often in the form of a warden or alarm system and may include social activities in communal areas. An outline of the sheltered accommodation services offered by PCC is available at: https://www.portsmouth.gov.uk/wp-content/uploads/2020/05/sheltered-housing-guidance-document-2019-20.pdf

Supported living services offer support to adults of all ages who do not require residential care services, but who need additional support at home. This could include those with disabilities or with a shared health problem such as substance misuse or mental health need. Multiple households with communal areas under one roof, combined with resident demographics, makes sheltered accommodation and supported living an area at risk of increased spread of the virus. Social distancing, advice to stay at home and self-isolation are essential. Those working or volunteering in this setting may at times be required to provide close contact assistance to some residents.

What's already in place?
Government guidance for supported living has been issued and is available at: https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living

Infection prevention and control advice has also been developed with the PCC Housing team for Sheltered Accommodation. It includes advice on social distancing, hand and respiratory hygiene and cleaning. This will need to be updated to reflect any changes in government guidance for PPE and other infection control measures.

Advice for
managers Sheltered

Portsmouth City Public Health Team provide a group email inbox for advice during office hours: publichealth@portsmouthcc.gov.uk

What else will need to be put in place?
- Ongoing support for managers and residents of sheltered accommodation and supported living.

Local outbreak scenarios and triggers

If multiple cases of COVID-19 (suspected or confirmed) occur in sheltered or supported living accommodation, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

Government guidance on managing outbreaks in supported living settings outlines the following (this is further outlined in the Supported Living Outbreak SOP). An outbreak in, or associated with, a supported living setting is defined as within a 14-day period:
1.   there are 2 or more confirmed or suspected cases of COVID-19 in a supported living environment
2.   a care worker becomes aware that more than one person they support has COVID-19 symptoms, or
3.   a care worker and a person who receives care from this worker have COVID-19 symptoms

During an outbreak or when an outbreak is suspected:
*   symptomatic people should self-isolate
*   if there are any communal areas in the setting which cannot be avoided, then people who are symptomatic or have tested positive for COVID-19 should not attend these communal areas at the same time as others and these areas should be cleaned after use
*   if bathrooms or lavatories are not available for sole use by an individual who has tested positive, strict cleaning protocols must be implemented in shared bathroom or lavatory facilities after each use. Where appropriate, any people being supported who are asymptomatic should use separate facilities to those who are symptomatic. The landlord or the care provider should provide a deep cleaning function to all facilities to enable consistent good hygiene practice. For more information on deep cleaning, please refer to the COVID-19 deep cleaning in care homes guidance
*   where the supported living environment is cleaned by the tenant, advice and guidance should be offered

Resource capabilities and capacity implications

Staffing (across the Local Authority and partners) -
*   Contact/visit sheltered accommodation with outbreaks to advise on control measures
*   Contact tracing through the NHS Test and Trace system

Links to additional information

Managers should follow Government advice on what to do if a staff member or resident has symptoms: https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living#if-a-supported-living-worker-has-covid-19-symptoms

Staff and residents should get tested as soon as possible and be asked to support all public health requests from NHS Test and Trace and the local health protection teams.

Additional resources for supported living accommodation and their residents can be found in Annex B of the government supported living guidance:
COVID-19: guidance for supported living - GOV.UK (www.gov.uk)

ANNEX I - Events

Objectives

To ensure organised, events thoroughly consider COVID-19 risk, and undertake appropriate and proportionate mitigations to manage that risk; and those clear processes are in place should an event-related outbreak occur.

Local Context for Events

Public Health England (UKHSA from 1st October) advises continued caution for future events with large numbers of people; however, a balance between risk and benefit needs to be struck, recognising the parallel need to re-open the business/local visitor economy and the government easing of restrictions.

In relation to events this means there are no longer limits to the numbers of people who can meet and attend events; face coverings are no longer mandatory in most circumstances; there is no requirement for table service at live events, or restrictions on singing or dancing.

Since April, the government has been involved in a series of pilot events as part of the Events Research Programme which aimed to examine the risk of transmission of COVID-19 from attendance at events and explore ways to enable people to attend a range of events safely. The pilots used enhanced testing approaches and other measures to run events with larger crowd sizes and reduced social distancing to evaluate the outcomes. Based upon the findings from Phase I of the research, the Government has published 'Working Safely during Covid-19' guidance for businesses and event organisers on necessary considerations when planning an event to help prevent and reduce the spread of infection.

Event organisers should seek advice from the Council as soon as possible to discuss plans for events and how they can be managed safely. Through this process PCC can advise on safe working practices, support events to comply with relevant requirements and help address any concerns early on and advise on any local restrictions.

Key contacts

Licensing - Portsmouth City Council
Temporary event notices - Portsmouth City Council
Planning an event - Portsmouth City Council

What's already in place?

The Portsmouth Events Safety Advisory Group (PESAG) brings together representatives from the local authority, emergency services and other relevant bodies who can help advise event organisers on the safety of very large events taking place in the city. PESAG has been providing the following guidance (which supersedes the previous requirement to complete the PESAG COVID19 Checklist) to event organisers since 19th July 2021:

Portsmouth Safety Advisory Group: Guidance for event organisers post 19 July 2021

The following guidance supersedes the requirement to complete the PESAG COVID Checklist as part of event applications.

On Monday 12 July 2021, the Prime Minister announced that England would be moving to step 4 of the Government's roadmap from Monday 19 July 2021. Following this announcement national guidance has been produced to support the move to step 4 including the following:
- Moving to step 4 of the roadmap guidance
- Covid-19 Response: Summer 2021

Since April, the government has been involved in a series of pilot events as part of the Events Research Programme which aimed to examine the risk of transmission of COVID-19 from attendance at events and explore ways to enable people to attend a range of events safely. The pilots used enhanced testing approaches and other measures to run events with larger crowd sizes and reduced social distancing to evaluate the outcomes. Based upon the findings from Phase I of the research, the Government has published 'Working Safely during Covid-19' guidance for businesses and event organisers on necessary considerations when planning an event to help prevent and reduce the spread of infection.

We recommended that you read, understand and implement the Working Safely during Covid-19 guidance in full as it outlines *priority actions* to protect yourself, your staff and your customers during coronavirus (COVID-19), as well as additional advice and *key principles for event planning.* These include, but are not limited to:

- As an employer, complete a risk assessment to include Covid-19 as a workplace hazard, this should identify all relevant risks (including those identified via the Events Research Programme). The risk assessment should also include protocols for managing suspected or confirmed cases amongst attendees and whether your workers need personal protective equipment (PPE).
- Take steps to reduce the risk of transmission at the event, including putting in place cleaning and hygiene protocols, and ensuring your venue has adequate ventilation.
- Recommend that customers and visitors to wear face coverings, for example through signage, if your facility or event is likely to include enclosed and crowded spaces. Support your staff if they wish to continue to wear a facemask in the workplace.
- Display an NHS QR code so that visitors can check in using the NHS COVID-19 app.
- Consider the use of the NHS COVID Pass in high risk settings to reduce the risk of infection. This includes event attendees providing a negative PCR or LFT within 48 hours of entry to the venue, proof of being fully vaccinated, or proof of a positive PCR within the last 6 months and not within the last 10 days. If you use the NHS COVID Pass, you should ensure that you comply with all relevant legal obligations and guidance, including on equalities. You can find more information in the NHS COVID Pass guidance.
- Ask employees to get tested regularly. Local testing information is available at Getting tested for coronavirus in Portsmouth - Portsmouth City Council.
- Use of crowd management including and use of stewards, zoning and wristbands to maintain infection control.
- Implement a communications plan to ensure relevant information on COVID-19 measures is communicated to attendees before and during the event.

Whilst it is welcome news that events are able to resume, it is important to recognise that we continue to operate within a global pandemic and, as the event organiser, you are responsible for the safety of staff and visitors at your event under the Health & Safety at Work Act.

The Purple Guide as also recently been updated with a specific chapter on running an event during a pandemic. This supports the government guidance and sets out best practice for event organisers. **On this basis, Public Health strongly recommend that organisers encourage pre-event testing for staff, volunteers and attendees.** Local experience with large events has demonstrated the positive impact the above measures can have on infection control. Information on asymptomatic home testing and supervised testing can be found at COVID-19 asymptomatic community testing in Portsmouth - Portsmouth City Council

Local authorities can still prohibit or restrict venues or events using the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020. Local authority decisions on events will be made on a case-by-case basis, with consideration given to the guidance issued by the government and local circumstances in order to understand whether there is a significant threat to public health.

- To support the review of events, documentation should be submitted to the Safety Advisory Group as early as possible to allow sufficient time to review these and provide comment.
- When reviewing these documents, PESAG will take Public Health advice in considering the type of event, the COVID-19 mitigations outlined in the submitted event documentation and what is happening in the local area at the time (for example the number of COVID cases locally (community prevalence), variants of concern and hospital capacity).
- Events that have already submitted an application and supporting documents are advised to review these to make sure that they adhere to the new guidance.
- New event applications that do not detail how they align with the relevant government guidance will be returned for further information.
- The risk remains that restrictions may be reinstated in future and that any events planned are subject to postponement / cancellation even after permission has been granted.

Any queries on the guidance should be directed to the PCC Events Team in the first instance.

Licensing Act 2003

Large outdoor events may apply for or have an existing licence under the Licensing Act 2003. In the absence of a health objective councils' powers to refuse or revoke a premises licence based on concerns about COVID-19 may be limited, as the refusal would need to relate to one of the Act's licensing objectives:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance and
- the protection of children from harm.

In some cases, event organisers can apply for Temporary Event Notices (TENs). This gives the PESAG the opportunity to review an application for an event, however the short timescales present a challenge for authorities. Environmental Health and the police can object to a TEN, although as set out above, objections would need to relate to the four licensing objectives.

Situations where councils may be able to refuse permission/request cancellation of an event:

There are limited circumstances where a council can refuse permission for an event/request organisers to cancel an event/take action in respect to breaches of COVID-19 security guidelines.

Powers

The Health Protection (Coronavirus, Restrictions) (No. 3) (England) Regulations 2020 -

This instrument gives Local Authorities powers relating to the control and prevention of coronavirus. They can be used if there is a serious and imminent threat to public health. Any direction issued must be necessary and proportionate to prevent, protect against, control or provide a public health response to the incidence or spread of coronavirus in the local authority's area. Satisfying the 3 legal conditions – prerequisite conditions

To give a direction under the No.3 Regulations a local authority needs to be satisfied that the following are met:
1. that giving the direction responds to a serious and imminent threat to public health
2. the direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection by coronavirus in the local authority's area
3. the prohibitions, requirements or restrictions imposed by the direction are a proportionate means of achieving that purpose

The requirement in the first legal condition above is that giving the direction responds to a serious and imminent threat to public health. The requirement is not that the individual premises, event or public outdoor place must pose a serious and imminent threat to public health. This requirement is also not confined to the local authority's area alone – it can be based on a wider serious and imminent threat posed by coronavirus to people living in or visiting the local authority's area or elsewhere.

Regulation 5(1) of the No.3 Regulations provides the power for local authorities to prohibit or place restrictions on certain events. For example, a direction could be given where a local authority is aware of a planned event at which the numbers of people expected to attend, or the nature of a particular event, would make it unsafe due to the risk of coronavirus transmission at the event.

When considering making a direction relating to events, local authorities should refer to the guidance about making a direction under the Regulations, and in addition consider:

- the location of the event
- the risks associated with the event, including, for example, the anticipated level of attendance and the activities that are due to take place
- the likelihood of attendees travelling from national or international locations which may have higher transmission rates
- the documentation provided by the organiser, including risk mitigations and COVID-19 secure policies and processes

A direction under this regulation may only impose prohibitions, requirements or restrictions on:
- the owner or occupier of premises for an event to which the direction relates
- the organiser of such an event
- any other person involved in holding such an event

The direction does not apply to people planning to attend the event who are not involved in its organisation. Those individuals do not commit an offence under the Regulations if they fail to comply with the direction, although any such person must comply with the social contact rules in their respective tier.

Notification of directions concerning events
A local authority must take reasonable steps to give advance notice of any direction it issues under regulation 5(1) to:

1. the organiser of the event
2. if different, any person who owns or occupies the premises for the event

Wherever possible, notification of directions concerning events should be issued by a local authority in the form of a written letter and email communication (or both) to the organiser of the event or to the owner or occupier of the premises where the event is being held, or any other person involved in holding such an event, clearly stating:
- the powers under which the direction is being made
- the reason for making, or revoking, the direction
- the date and time on which the prohibition, requirement or restriction comes into effect and the date and time on which they will end
- the processes for appealing or making representations
- the direction should also state if the direction has been issued (or revoked) on the direction of the Secretary of State (under regulation 3)

The organiser of an event and/or the owner or occupier of the premises specified in a direction under regulation 5 may challenge the direction following the guidance in challenging a direction.

The organiser of an event and/or the owner or occupier of the premises (specified in a direction under Regulation 5 may appeal against the direction to a magistrates' court by way of complaint, and/or make representations to the Secretary of State about the direction. This must be done within 28 days from the date the direction was issued (which should be specified on the direction itself) or within 28 days of the review decision to continue the direction. Where a direction is in force, the event organiser and/or owner or occupier of a premises must comply with it until it expires or is revoked (whichever is first).

Evidence

Before making a direction, local authorities should gather sufficient evidence to demonstrate that all the above requirements are met. This evidence may come from a range of sources, and relate to general local, regional and national data trends as well as evidence relating to the specific individual premises, event or public outdoor place that is to be subject to the restrictions in the direction.

This could include information:
- provided to the local authority by local experts, including its director of public health (DPH) and the Local Resilience Forum, about disease prevalence and transmission rates in the area
- from NHS Test and Trace, including the Joint Biosecurity Centre (JBC)
- from Public Health England (PHE)
- relating to the current coronavirus 'tier' in the area or the COVID-19 transmission levels on a regional or national basis, or both, as appropriate
- from environmental health officials
- from documents, such as risk assessments and COVID-19 secure policies provided by business owners and event organisers
- from any other sources deemed relevant by the local authority
- reflections on previous local directions and ongoing informal interactions with relevant stakeholders

In determining whether to make (or revoke) a direction under the No.3 Regulations, a local authority must consider any advice given to it by its DPH, its interim or acting DPH, or a registered public health consultant who is approved by its DPH. It is important to note:
- this requirement does not prevent a local authority from issuing a direction where there has been no such advice given
- if DPH advice has been given, then a local authority must consider it, and this consideration will form part of the local authority's overall decision-making. However, a local authority is not bound to follow the advice and could decide to depart from it
- a local authority is also not prevented from obtaining advice from other sources (as suggested above) which can be considered and fed into the local authority's decision
- the DPH may provide the local authority with a list of registered public health consultants whom the DPH has approved, who may also be consulted

In Portsmouth the DPH works alongside the team issuing directions and will be involved routinely.

Directions should only be issued where councils can successfully demonstrate it has met relevant criteria to resist any challenges. When considering whether this power could be applied in relation to a planned event, the Safety Advisory Group will need to discuss this with Public Health, and potentially the police. Where the council is the landowner, they could refuse permission to allow the use of the land for an event without the need to issue a direction.

What else will need to be put in place?

Consistency in approach:
- Public Health continues to work collaboratively with Environmental Health and Licensing colleagues, ensuring an appropriate team member is routinely consulted
- Event applicants to be advised on current COVID-19 guidance
- Regular consultation with police authorities
- PESAG regularly updated by Public Health on local COVID-19 intelligence (e.g., case numbers, hospitalisations etc)

Event-specific advice and requirements:

- Difference events may require different standards and mitigations for hygiene and social distancing (e.g., sporting events)
- Certain events may require a more focussed assessment of COVID-19 vulnerable groups (e.g., cultural events for BAME communities) and this should be very clearly stated to the applicant with guidance on who these groups are and how to consider

Update information on PCC Licensing webpages on an ongoing basis:

- Pre-application guidance provided on PCC licensing webpages, including signposts to preferred COVID-19 Risk Assessment template and PESAG guidance, guidance on things to consider (that wouldn't normally come up in a standard event risk assessment)
- Online guidance to encourage longer lead-in times for TENS applications, where possible
- Event organisers are under the clear understanding of the importance of collecting contact tracing information from event staff, performers and attendees for the purposes of Local Track and Trace
- Any new guidance

Unauthorised / illegal events:

- This Action Card and supporting SOP does not consider unauthorised and/or illegal events. More work is needed to understand how the enforcement process and subsequent outbreak management of such an event will work

Local outbreak scenarios and triggers

- Any event/gathering that poses potential serious and imminent threat to public health and a direction maybe needed to prevent, control, protect, or provide a public health response to the incidence or spread of infection
- Any event/gathering with regulatory concerns, e.g. licensing, security, health and safety
- Any event/gathering with National or International attendance, media interest, large numbers of attendees and/or over a period of days, or affecting the infra structure
- Process for dealing with an event-linked outbreak detailed in SOP

Resource capabilities and capacity implications

- The process for licensing events already exists
- Further actions identified above will require officer time to undertake
- COVID-19 Guidance should sufficiently support the licensing applications process to avoid the need for significant expert input, however there should be a continued requirement for Public Health advice
- For PCC's own organised events, some consideration will be needed to additional training for staff on COVID-19 safety at work

Links to additional information

- Test and Trace Portsmouth

Getting tested for coronavirus in Portsmouth - Portsmouth City Council
Local coronavirus contact tracing service - Portsmouth City Council

- SOP for Large Events

Initial-Planning-Activities-Checklist.pdf (srmt-nsn.gov)

- COVID19 Guidance for Events

Planning an event - Portsmouth City Council

Guidance (as of 27/08/2021)

[Guidance published by the Department for Digital Culture, Media and Sport](#) aims to help event's organisers, performing arts organisations, venue operators and participants in the UK understand how they can work and take part in the performing arts safely, and keep their audiences safe.

The following links may be of assistance to organisers who are thinking of organising an outdoor event or for indoor events such as theatres, music and performance venues:

The Purple Guide

The Events Industry Forum has published some [useful guidance](#) on outdoor events which has been developed with input from DCMS.

[Information about audiences back in theatres](#)

[Health Protection (Coronavirus, Restrictions) Regulations 2020](#)

[HSE's template risk assessment](#)

[Events Industry Forum – Making outdoor event gatherings happen again](#)

[Maintaining records of staff, customers and visitors to support NHS Test and Trace](#)

[Guidance for marriages and civil partnerships](#)

[Guidance](#) for elite sport organisations on how to reduce the risk from COVID-19. This includes guidance on domestic and cross-border competitions.

https://covid19.nhs.uk/information-and-resources.html

https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace

ANNEX J: UK Port of Entry

Objectives

The objectives of Portsmouth Port Health Authority (PHA) are:

- To prevent the spread of Covid-19 and other infectious diseases into the UK through Portsmouth International Port via commercial and leisure visitors to the UK
- To prevent the spread of food borne illness outbreaks into the UK from food products imported into the UK which could have a significant collateral impact on the Covid-19 outbreak

Context

Approximately 5 million people and 1 million tonnes of goods entering the UK through Portsmouth Port per annum. Following January 2021 and the departure of the UK from the EU Community the PHA team is rapidly expanding to meet the UK Government's border control regimes. It is estimated that the team will consist of approximately 20 FTE by September 2021 to deal with the health certification of food imports and the prevention of infectious diseases into the UK.

What's already in place?

The PHA is consolidated with the district Environmental Health Team of qualified Environmental Health Professionals (EHP's). The PHA aims to provide oversight and certification of food imports through the Port.

International World Health Organisation (WHO) legislation requires all vessels to submit a Maritime Declaration of Health (MDH) prior to entering the port to the authority so that if case(s) of Covid-19 is/are reported, co-ordinated action can be taken by the port team; Queen's Harbour Master (QHM) and Public Health England (PHE) to disembark the crew; passengers; cargo; thereby minimising and containing the spread of infection.

Portsmouth International Port has developed an outbreak plan in consultation with Portsmouth PHA. PHE has developed a joint outbreak plan in partnership with all South East Local Authorities.

Portsmouth PHA is cognisant of the interim advice in respect to ''Healthy Gateways'' prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE) and the information provided by the established working group from the EU HEALTHY GATEWAYS joint action consortium.

What else will need to be put in place?

Despite the growth of the PHA resource capabilities are currently significantly below necessary requirements particularly in respect to qualified and experienced officers.

Negotiations remain ongoing with Central Government (DEFRA/FSA) for the provision of funding for more resources and clarity of expectations in respect to border control and checks following the UK leaving the EU in January 2021.

Local outbreak scenarios and triggers

An MDH notification from a ship's master that COVID-19 cases are on board will trigger the port's action plan. Working with partners the PHA will support QHM harbour master and PHE to ensure that the vessel is either delayed from entering the port or directed to an area where the affected

parties and crew and be safely disembarked; tested; put into quarantine; or exit the port as the case may be. All affected areas can then be disinfected as required.

A passenger feeling unwell at the port terminal will trigger the action plan in that the PHA will support the port team so that the passenger and anyone that they have been in immediate contact with can be moved to a quarantine area and medical professional can quickly access the site to diagnose and treat the affected parties.

The PHA will advise on dealing with any relevant cargo the ship is carrying and assist PHE with contact tracing as necessary.

Certain aspects of response measures, including defining and managing contacts will depend on the number of cases that have been identified and whether one case or a cluster of cases have been identified, or an outbreak with on-going transmission on board occurs.

Resource capabilities and capacity implications

As stated above, resources are currently lower than required. The PHA is not currently operating 24hrs and any significant resource implication will immediately exhaust the limited current capability.

Links to additional information

Portsmouth Port Health Team:
https://www.portsmouth.gov.uk/ext/environmental-health/safety/port-health-authority

Association of Port Health Authorities
http://www.porthealthassociation.co.uk/

Public Health England Infectious Diseases Strategy:
https://www.gov.uk/government/publications/phe-infectious-diseases-strategy
World Health Organisation: Coronavirus Information
https://www.who.int/health-topics/coronavirus#tab=tab_1

Public Health England: Maritime Sector guidance on Covid-19
http://www.porthealthassociation.co.uk/wp-content/uploads/2020/06/200608-COVID-19-FAQs-for-the-Maritime-Sector-v6.0.pdf

Association of Port Health Authorities Advice on Infectious Diseases on board ship
http://www.porthealthassociation.co.uk/seaports/infectious-disease/

World Health Organisation: Sea Travel advice on diseases at sea
https://www.who.int/news-room/q-a-detail/sea-travel-advice

Public Health England: Principles and Practice Recommendations for the Public Health Management of Gastrointestinal Infections 2019
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/861382/management_of_gastrointestinal_infections.pdf

Advice for ship operators for preparedness and response to the outbreak of COVID-19
EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf

ANNEX K - Health Protection Board Terms of Reference

Purpose

The Covid-19 Local Health Protection Board is responsible for development and operational implementation of local outbreak control plans, to ensure they meet the needs of the local population.

The Local Health Protection Board will link to the overarching response, which will be delivered at different levels and by different organisations, brought together at local authority level under the leadership of the Director of Public Health to ensure a community focus and appropriately tailored response. These levels will include:

- National - a National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.

- Regional - Co-ordination required on a regional level will be provided through the Local Resilience Forum and Integrated Care System arrangements

- Local - Working to ensure a place-based focus to local health protection.

Objective

The Board will:

- Be responsible for developing and implementing the Local Covid-19 Outbreak Control Plan, including:
  - o Planning to prevent and respond to local outbreaks in settings such as care homes and educational settings
  - o Identification and management of other high-risk places, locations and communities of interest
  - o Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
  - o Oversight of contact tracing and infection control capability and capacity in local complex settings and identifying and escalating requirements
  - o Ensuring local services can support vulnerable people to self-isolate

- Make recommendations to Health and Wellbeing Board and other relevant organisations for the allocation of resources to support the effective delivery of the Plan

- Ensure that the conditions of relevant grant funding are complied with

- Monitoring the expenditure incurred in implementing the plans to ensure it remains affordable within the grant allocation

- Receive and act on data and intelligence, including epidemiology and Early Warning indicators, provided from sources including the HIOW LRF modelling cell, Public Health England, NHS Test and Trace and the national Joint Biosecurity Centre (JBC)

- Ensure integration of the NHS Test and Trace programme with local communities and services in line with the Local Outbreak Control Plan

- Recommend approaches to community engagement, including with vulnerable and/or higher risk communities of interest

- Recommend the communications strategy for the Local Outbreak Control Plan

- Recommend implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission, for example those contained within the JBC 'playbook'.

- Monitor the response to local outbreaks and ensure learning informs future practice

- Identify, monitor and escalate risks and issues as appropriate (to other local or regional groups).

Accountability

The group will be accountable to the Health and Wellbeing Board, in its statutory role bringing together key partners in the local health and care system.

It will also have reporting relationships to

- HIOW level governance process for functions delivered at this level via the Local Resilience Forum
- Local Gold Command where this is established.

Meetings

- Meetings will be held monthly, but with extraordinary meetings convened if required.
- Meetings are not open to the public
- An agenda and papers will be circulated at least 1 working days before the meeting.
- Conflicts of interest must be declared by any member of the group.

Membership

- Director of Public Health (PCC) - Chair
- Assistant Director - Regulatory Services (Deputy Chair)
- Representative from PCC communications
- Assistant Director - Adult Social Care
- Representation of Children, Families and Education - Education
- Emergency Planning and Resilience Representative
- UKSHA
- Housing (appropriate representation to pick up homeless and sheltered housing)
- Culture and Leisure
- Finance
- Regeneration representative
- The HIVE

- CCG Infection Control specialism
- Portsmouth Hospitals Trust
- Solent NHS
- HM Naval Base
- University of Portsmouth
- Hampshire Constabulary

The Board will invite key advisers as required by the agenda items under consideration.

Specific invitations to persons in other roles may be made where warranted by the business of the meeting.

Quoracy

There will be least six representatives, one of whom will be the Chair or nominated Co-chair.

Review

Terms of reference will be reviewed on a regular basis.